

# INDIA

## NATIONAL FAMILY WELFARE PROGRAMME

ACHIEVEMENTS, CHALLENGES  
AND STRATEGIES







## INTRODUCTION

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This booklet gives an overview of the health and population situation in the country tracing the demographic transition over the last few decades. Data for population growth, acceptance of family planning, increase in literacy and other development indicators show the changes that have come about in the country since the time of Independence. In addition, data indicating projections provide a picture of the demographic changes that are expected in the years to come. In certain places, data from the states have been used to illustrate the variations within the country, reflecting its vastness and the challenges that presents. It is expected that the booklet will provide a comprehensive picture of the achievements and challenges in the health and population sector and will be a useful tool to policy makers, health planners and implementers.





# POPULATION

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With only 2.4 per cent of the land area and 16 per cent of the world's population, India has the dubious distinction of being the second most populated country in the world. The population has rapidly increased since the time of Independence. From 345 million at the time of Independence, it went up to 846 million in 1991. By year 2016, it is expected to reach 1,264 million. On an average, about 16 million people are added each year or 43,000 each day or 30 every minute.

The alarming population growth is creating increased pressure on the infrastructure, economy, environment, the availability of primary health care and nutrition. In the coming years, the challenge is to introduce innovative programmes that can help slow down the growth rate as well as meet the basic health needs of the population. Immunization, family planning and safe motherhood initiatives are some of these basic requirements.





## Population of India

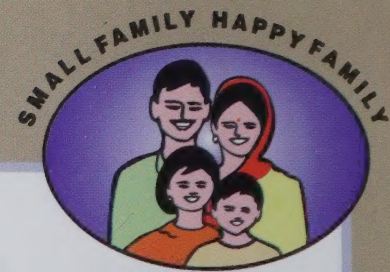
Year	Population (in million)	Average Annual Exponential Growth Rate (%)	Crude Birth Rate (per 1000 pop.)	Crude Death Rate (per 1000 pop.)
<b>Census Data</b>				
1901	238	-	-	-
1901 - 1911	252	0.56	49.2	42.6
1911 - 1921	251	-0.03	48.1	
1921 - 1931	279	1.04	46.2	36.3
1931 - 1941	319	1.33	45.2	31.2
1941 - 1951	361	1.25	39.9	27.4
1951 - 1961	439	1.96	40.9	22.8
1961 - 1971	548	2.20	40.0	17.8
1971 - 1981	683	2.22	37.8	15.4
1981 - 1991	846	2.14	32.5	11.4

<b>Projected Figures</b>				
1991 - 1996	934	1.98	27.5	9.4
1996 - 2001	1012	1.61	24.1	9.0
2001 - 2006	1094	1.55	22.8	8.3
2006 - 2011	1179	1.49	22.3	7.8
2011 - 2016	1264	1.39	21.4	7.5

Till 1931, the annual population growth rate was about 1 per cent. It gradually rose to over 2 per cent in the next 40 years, peaking at 2.22 per cent during 1971 - 1981. Since then it has shown a gradual declining trend which is likely to continue. While the death rate has declined significantly, the decline in birth rate is slow.

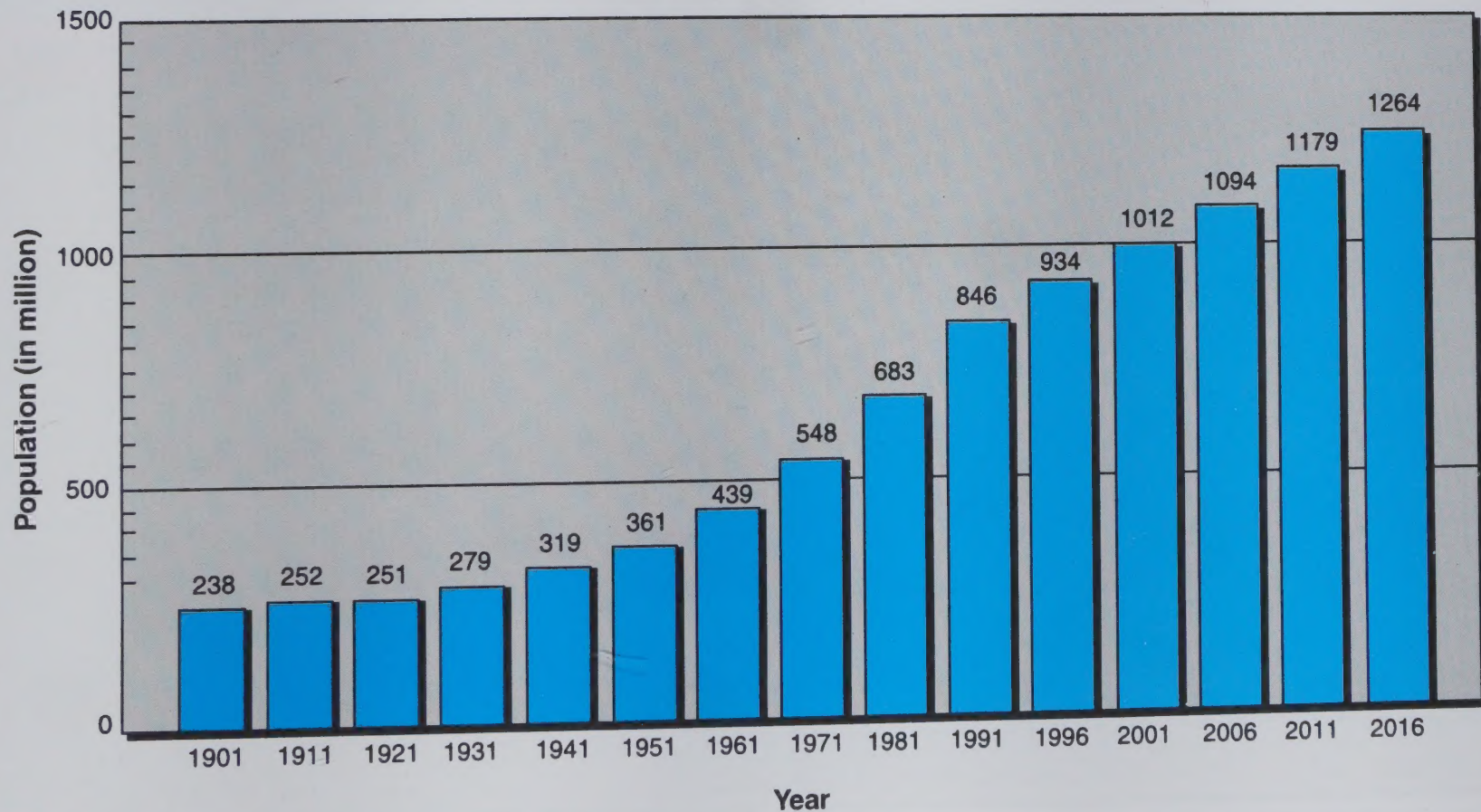
Source: Registrar General, India





## Population Growth

1901-2016



Rapid population growth impacts various socio-economic aspects and the quality of life.

Source : Registrar General, India





## Population Projection

(in million)

	1991	1996	2001	2006	2011	2016
<b>INDIA</b>	<b>846.3</b>	<b>934.2</b>	<b>1012.4</b>	<b>1094.1</b>	<b>1178.9</b>	<b>1263.5</b>
<b>STATES (with population more than 10 million in 1991)</b>						
Andhra Pr.	66.5	72.2	76.4	80.6	84.8	88.6
Assam	22.4	24.7	26.5	28.4	30.5	32.5
Bihar	86.4	93.1	101.8	111.1	121.3	132.3
Gujarat	41.3	45.5	49.0	52.5	56.1	59.3
Haryana	16.5	18.6	20.1	21.8	23.5	25.2
Karnataka	45.0	49.3	52.7	56.2	59.6	62.8
Kerala	29.1	31.0	32.5	34.2	35.6	36.9
Madhya Pr.	66.2	74.2	81.2	88.6	96.6	105.2
Maharashtra	78.9	86.6	92.1	97.3	102.6	107.8
Orissa	31.7	34.4	36.2	37.8	39.5	41.0
Punjab	20.3	22.4	23.8	25.3	26.7	28.0
Rajasthan	44.0	49.7	54.5	59.7	65.3	71.4
Tamil Nadu	55.9	59.5	62.3	65.0	67.6	69.9
Uttar Pradesh	139.1	156.7	174.3	194.1	217.1	242.9
West Bengal	68.1	74.6	80.0	85.4	90.8	96.2

	1991	1996	2001	2006	2011	2016
<b>STATES (with population less than 10 million in 1991)</b>						
Arunachal Pr.	0.9	1.0	1.1	1.1	1.2	1.3
Delhi	9.4	11.3	12.6	13.6	14.9	16.9
Goa	1.2	1.3	1.4	1.5	1.5	1.7
Himachal Pr.	5.2	5.8	6.0	6.0	6.1	6.4
J&K	7.7	8.6	8.8	8.8	8.8	9.2
Manipur	1.8	2.1	2.3	2.3	2.4	2.7
Meghalaya	1.8	2.0	2.2	2.2	2.4	2.6
Mizoram	0.7	0.8	0.9	0.9	0.9	1.0
Nagaland	1.2	1.4	1.5	1.6	1.7	1.8
Sikkim	0.4	0.5	0.5	0.5	0.5	0.6
Tripura	2.8	3.2	3.4	3.5	3.7	4.0
<b>UNION TERRITORIES</b>						
A&N Islands	0.3	0.3	0.3	0.4	0.4	0.4
Chandigarh	0.6	0.7	0.8	0.8	0.9	1.0
D&N Haveli	0.1	0.2	0.2	0.2	0.2	0.2
Daman & Diu	0.1	0.1	0.1	0.1	0.1	0.1
Lakshadweep	0.1	0.1	0.1	0.1	0.1	0.1
Pondicherry	0.8	0.9	1.0	1.0	1.1	1.2

In 1991, eight states namely, Assam, Bihar, Haryana, Jammu and Kashmir, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh accounted for about half of India's population.

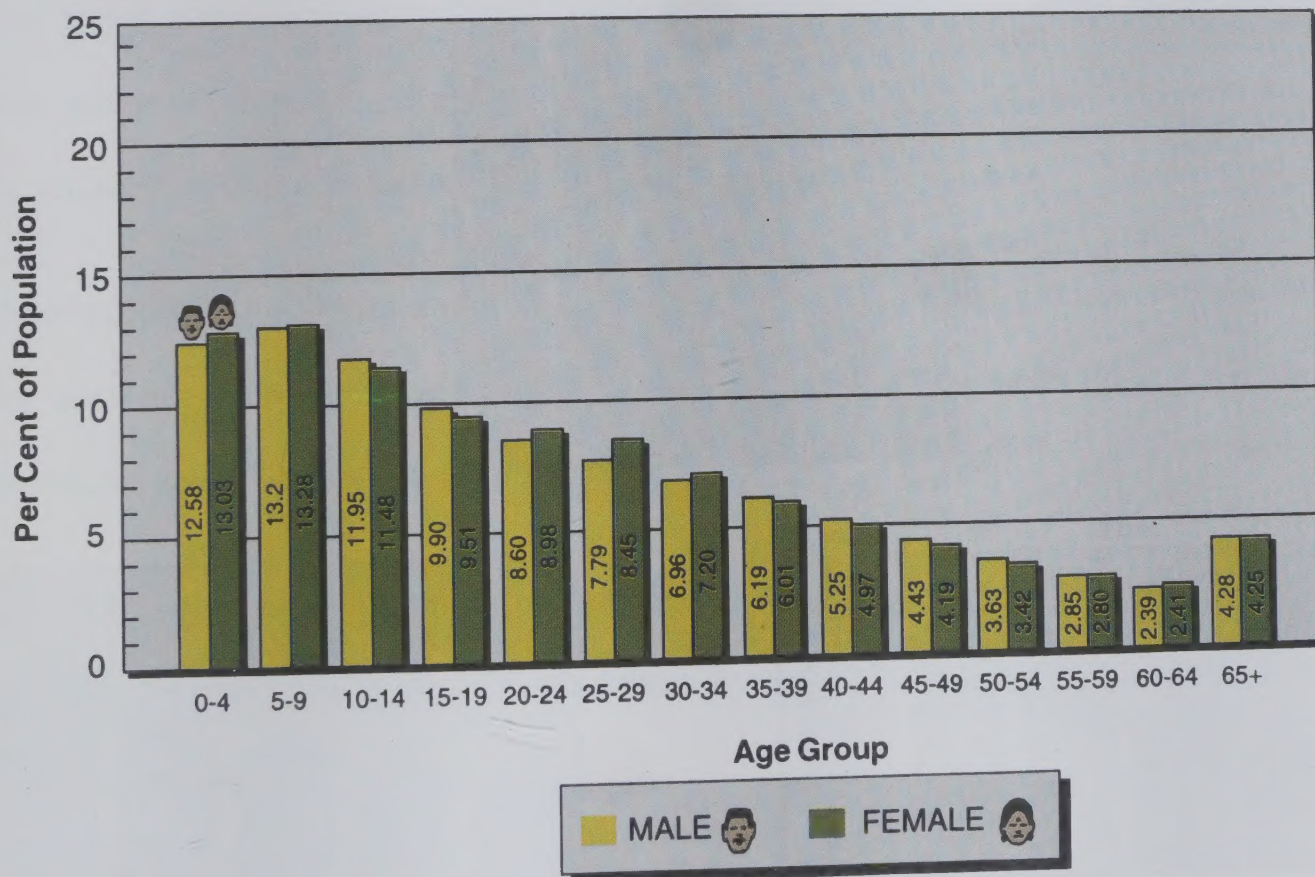
Source: Registrar General, India





## Distribution of Projected Population by Age and Sex

1996



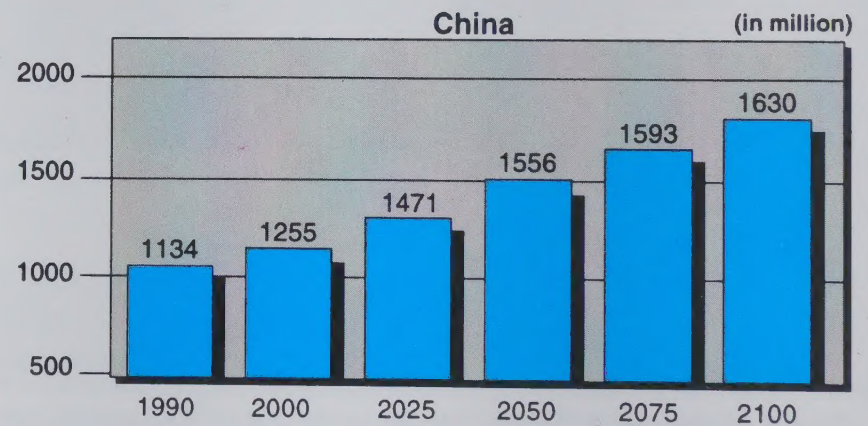
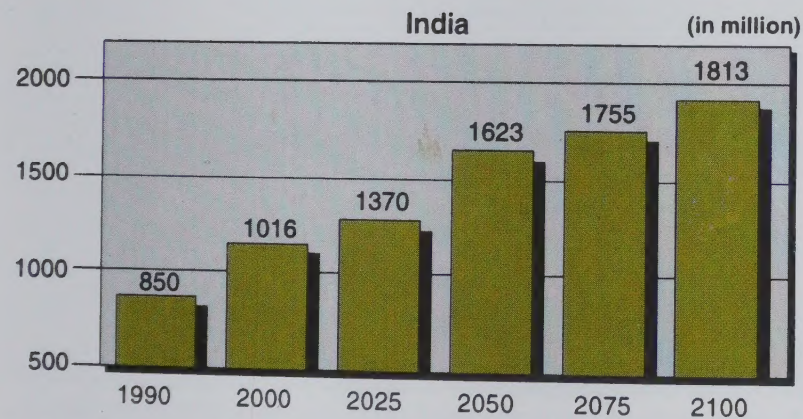
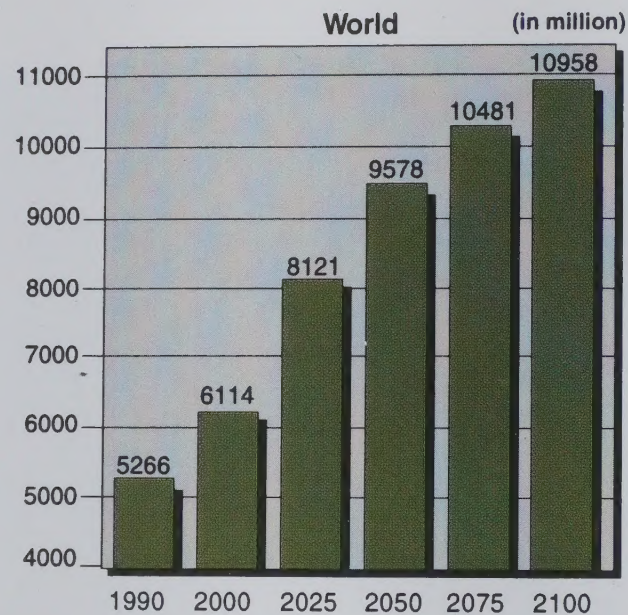
About 45 per cent of females are in the reproductive age group (15-44 years). A large population in this age group implies a large built-in momentum for continued growth of population over the next several decades.

Source : Registrar General, India





## Comparative Population Projection



According to projections, India is likely to overtake China and become the most populated country before 2050.

Source: World population Projections (1994-95), UN Publication





## DEMOGRAPHIC TRANSITION

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Despite the rapid population growth, certain development indicators show heartening achievement. Advances in health care and overall socio-economic progress is reflected in the demographic transition that has occurred over the last few decades.

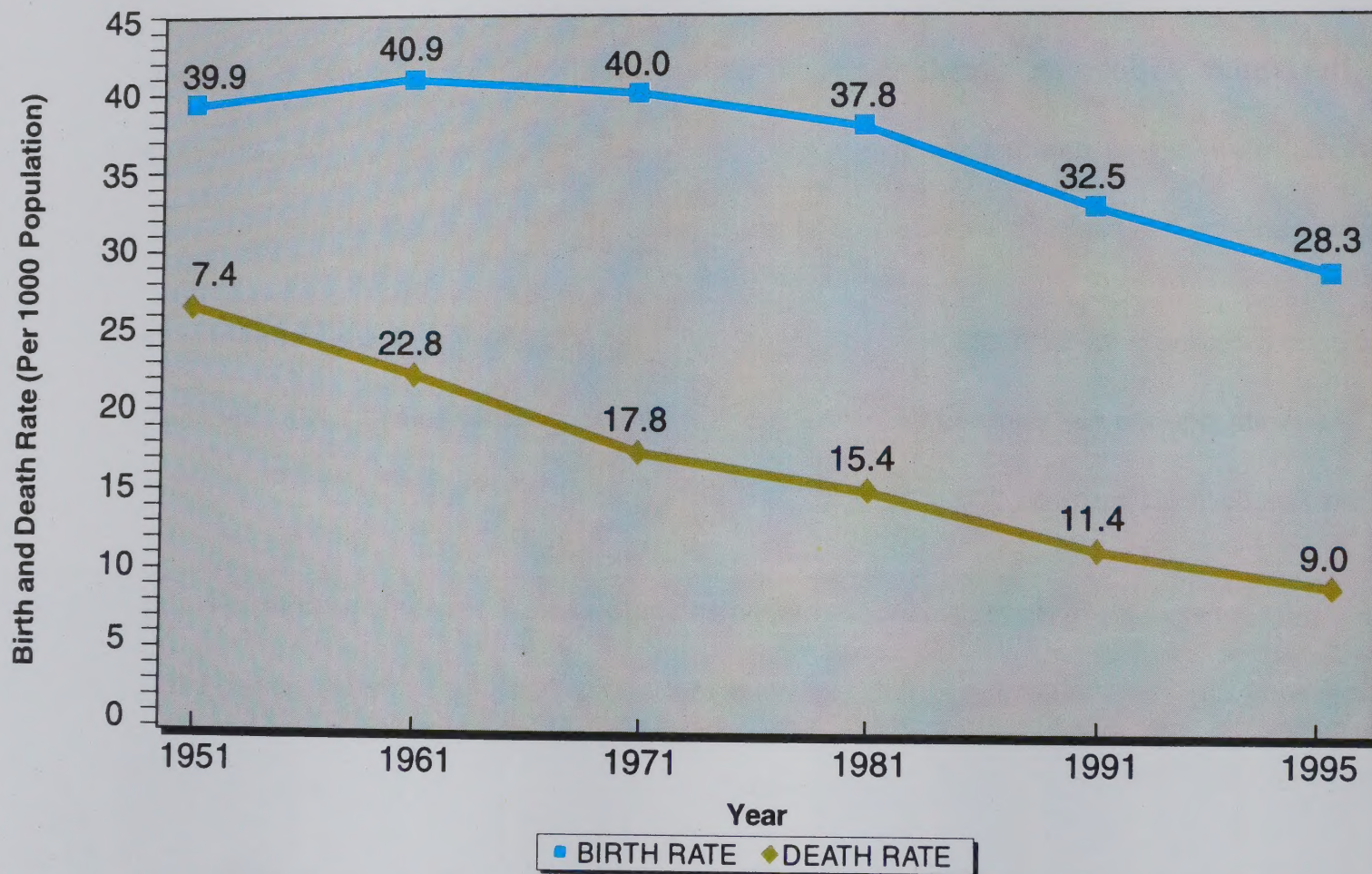
There has been a decline in the birth rate, which has gone down from 40 at the time of Independence to 28 in 1995. The death rate too has declined from 27 at the time of Independence to 9 in 1995. The infant mortality rate has declined from over 200 at the time of Independence to 74 in 1995.

There is a significant increase in life expectancy for both men and women. It has gone up from 42 during 1951-1960 to 61 during 1991-1996 for men. Life expectancy for women has gone up from 41 during 1951-1960 to 62 during 1991-1996.





### 1951 to 1995



Over the past few decades, there has been a noteworthy decline in the death rate. Relatively, the birth rate has not declined considerably.

Source : Registrar General, India





## Crude Birth and Death Rate (per 1000 population)

	Crude Birth Rate (CBR)			Crude Death Rate (CDR)		
	1981	1991	1995	1981	1991	1995
<b>INDIA</b>	<b>33.9</b>	<b>29.5</b>	<b>28.3</b>	<b>12.5</b>	<b>9.8</b>	<b>9.0</b>
<b>S with population more than 10 million</b>						
Andhra Pr.	31.7	26.0	24.2	11.1	9.7	8.4
Assam	33.0	30.9	29.3	12.6	11.5	9.6
Bihar	39.1	30.7	32.1	13.9	9.8	10.5
Gujarat	34.5	27.5	26.7	12.0	8.5	7.6
Haryana	36.5	33.1	29.9	11.3	8.2	8.1
Karnataka	28.3	26.9	24.1	9.1	9.0	7.6
Kerala	25.6	18.3	18.0	6.6	6.0	6.0
Madhya Pr.	37.6	35.8	33.2	16.6	13.8	11.2
Maharashtra	28.5	26.2	24.5	9.6	8.2	7.5
Orissa	33.1	28.8	27.8	13.1	12.8	10.8
Punjab	30.3	27.7	24.6	9.4	7.8	7.3
Rajasthan	37.1	35.0	33.3	14.3	10.1	9.1
Tamil Nadu	28.0	20.8	20.3	11.8	8.8	8.0
Uttar Pradesh	39.6	35.7	34.8	16.3	11.3	10.3
West Bengal	33.2	27.0	23.6	11.0	8.3	7.9

	Crude Birth Rate (CBR)			Crude DeathRate (CDR)		
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<b>INDIA</b>	<b>33.9</b>	<b>29.5</b>	<b>28.3</b>	<b>12.5</b>	<b>9.8</b>	<b>9.0</b>
<b>STATES with population less than 10 million</b>						
Arunachal Pr.	NA	30.9	23.8	NA	13.5	6.0
Delhi	26.9	27.4	23.3	7.1	6.3	6.0
Goa	15.5	16.8	14.7	6.8	7.4	7.5
Himachal Pr.	31.5	28.5	25.2	11.1	8.9	8.7
J&K	31.6	NA	NA	9.0	NA	NA
Manipur	26.6	20.1	20.6	6.6	5.4	6.7
Meghalaya	32.6	32.4	29.0	8.2	8.8	8.9
Mizoram				NA	NA	NA
Nagaland	NA	15.8	20.1*	NA	3.3	4.3*
Sikkim	31.0	22.5	22.5	8.9	7.5	6.9
Tripura	26.4	24.4	18.9	8.0	7.6	7.7
<b>UNION TERRITORIES</b>						
A&N Islands	34.0	20.0	18.7	8.4	5.8	5.8
g	24.6	13.9	19.5	2.4	4.6	5.7
D&N Haveli	36.8	31.1	29.7	14.1	11.4	8.2
Daman & Diu	NA	27.9	21.8	NA	9.0	8.0
p	NA	27.1	25.5	NA	4.7	7.6
Pondicherry	21.7	19.2	20.1	7.3	6.6	7.6

NA : Not Available

\* : Figures Relate to 1994

Among major states, U.P. has the highest crude birth rate (34.8). This is about two times the crude birth rate Kerala (18.0). Highest crude death rate of 11.2 is in M.P., which is about two times the crude death rate of 6.0 in Kerala.

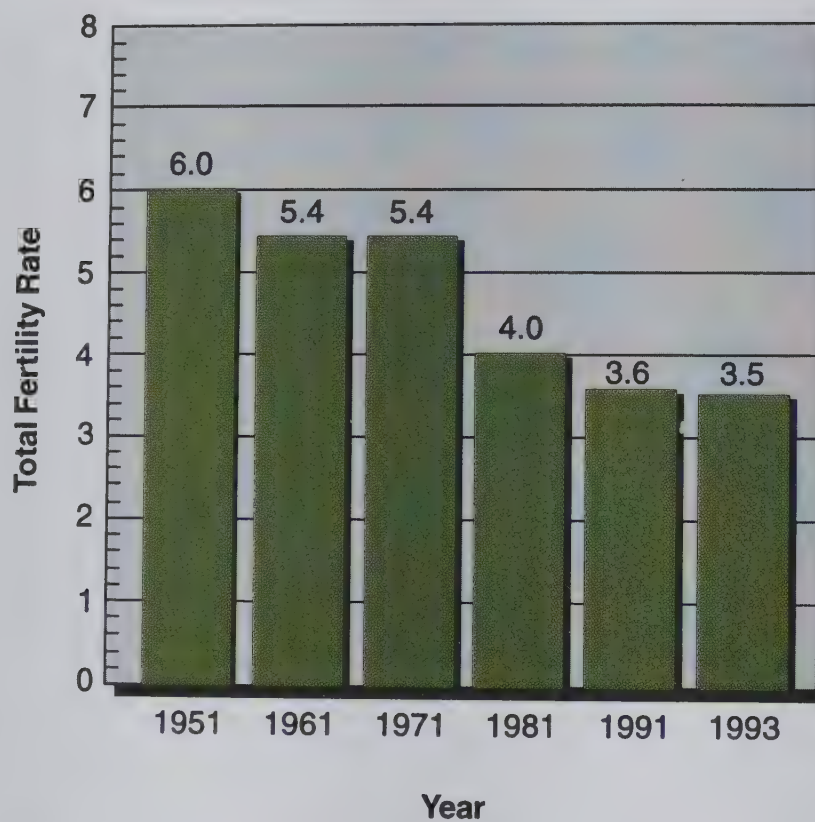
Source: Registrar General, India





## Total Fertility Rate

1951-1993



- Total Fertility Rate is the average number of children born to a woman
- The TFR has gone down from 6.0 in 1951 to 3.5 in 1993
- TFR of 2.1 is considered replacement level fertility
- According to the current trend, replacement fertility can be achieved in 2026. In States like Uttar Pradesh, replacement fertility cannot be achieved even in a 100 years unless the current trend is reversed

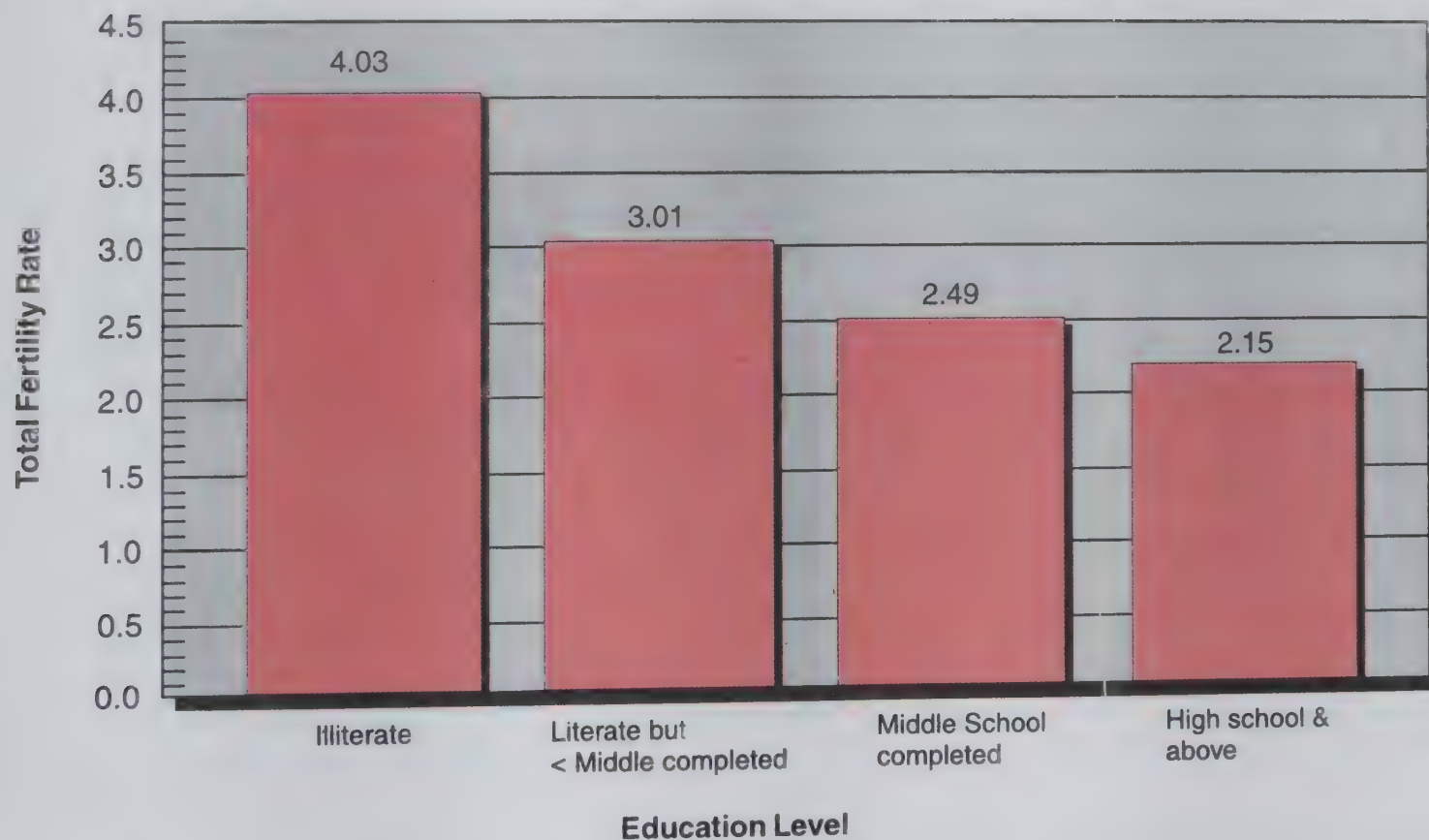
Source: Registrar General, India





## Total Fertility Rate by Female Literacy

1992-93



Higher the education, lower the fertility. Female literacy is one of the most important factors for lowering fertility and improving a family's health status and quality of life.

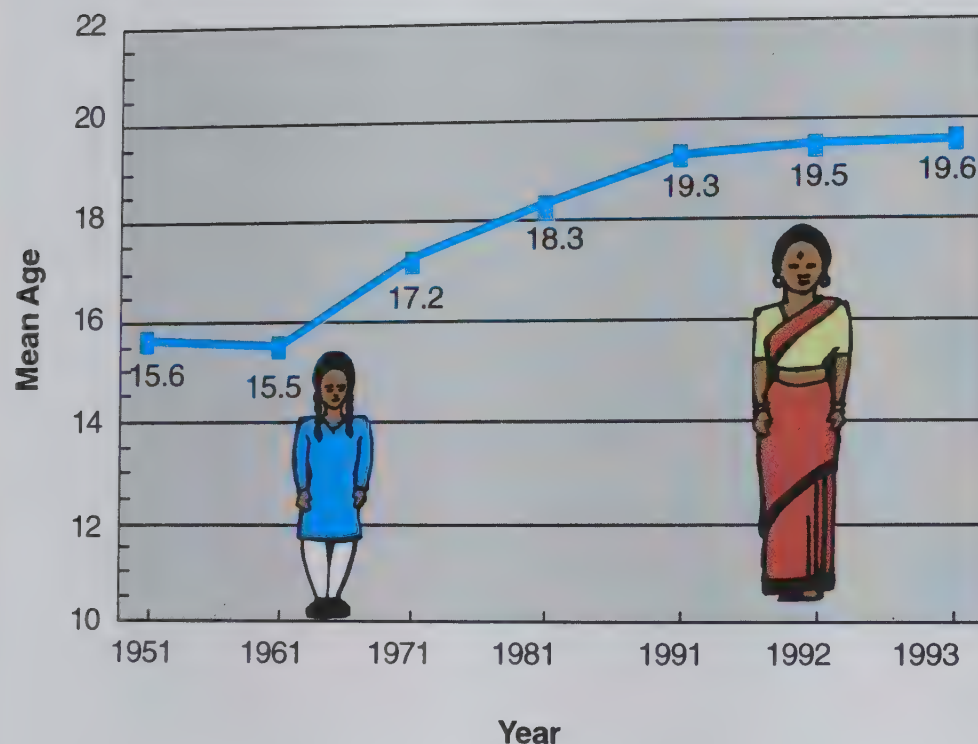
Source: National Family Health Survey, 1992-93





## Female Age at Marriage

1951-1993



Higher age at marriage lowers fertility. This has a corresponding impact on the health of mothers and children. Higher age at marriage makes available increased educational and economic opportunities to women.

Source: Registrar General, India

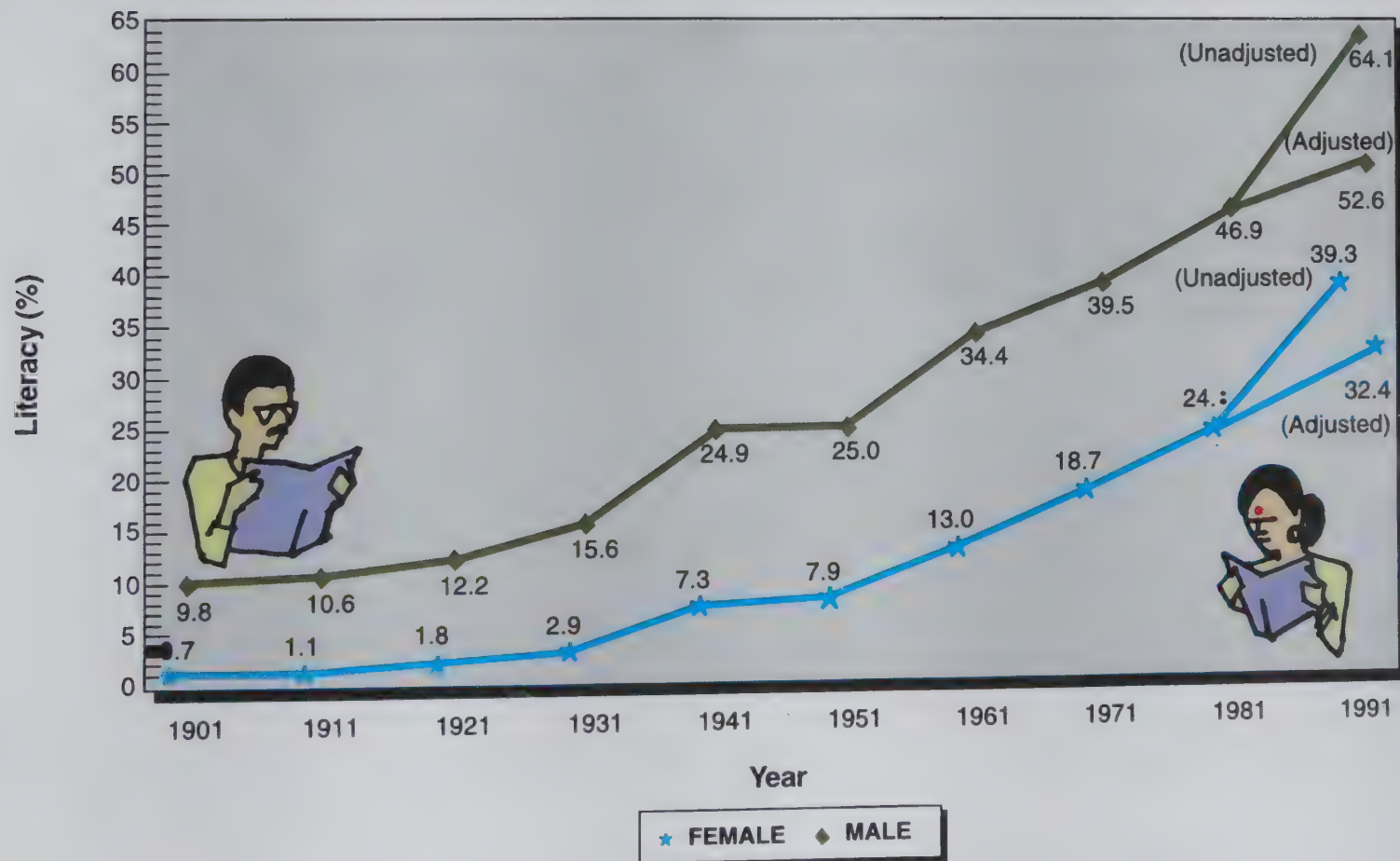
States with 18.8 as average age of marriage for girls.





## Literacy-Male and Female

1901-1991

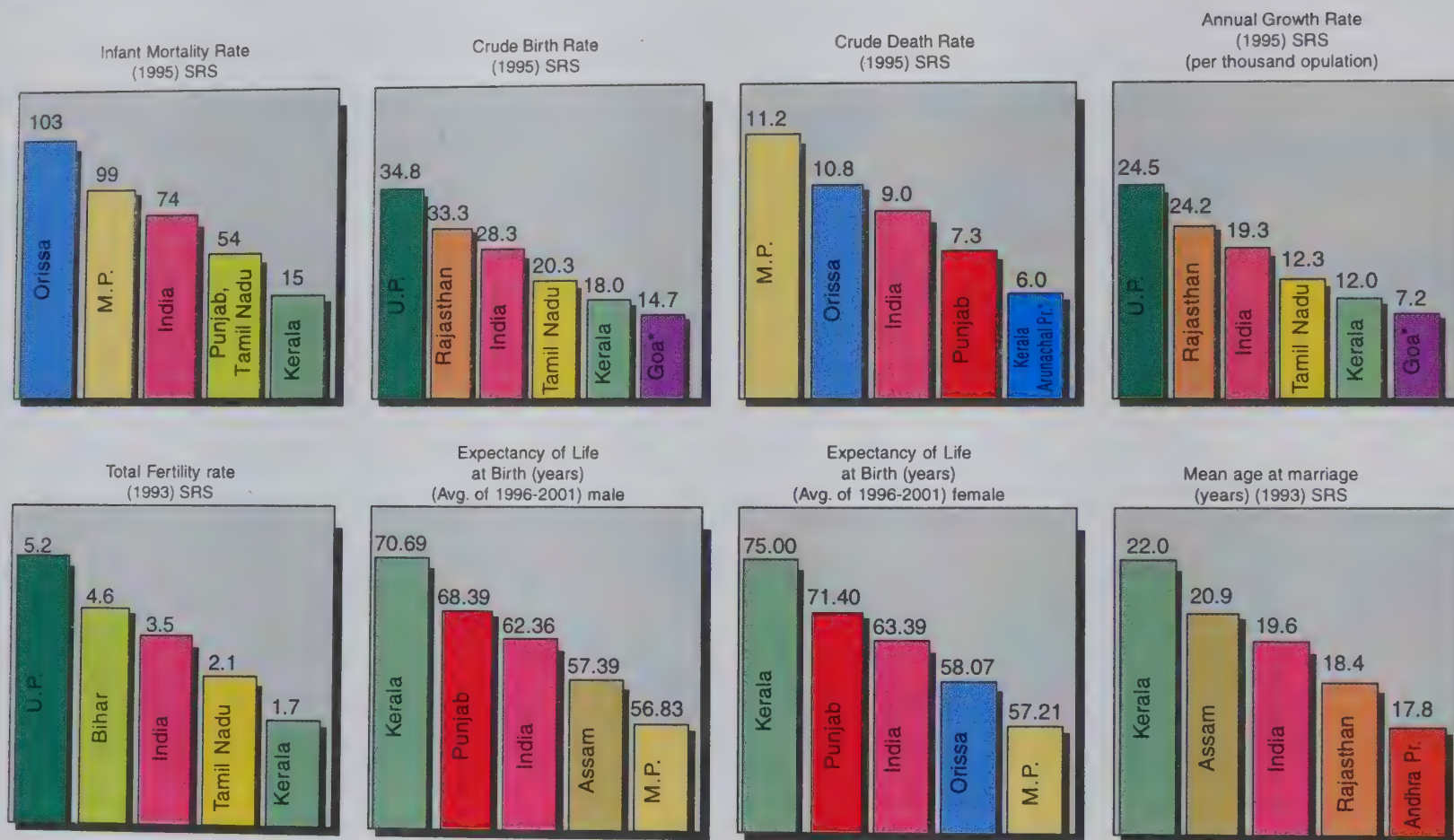


Source: Registrar General, India





## Inter-State Variation in Key Demographic Indicators



\* Among Smaller States

Replacement level fertility (TFR of 2.1) can be attained. Kerala and Tamil Nadu have already achieved it. With sustained commitment it can be reached in other States as well.

Source: Registrar General, India





## States with Weak Socio-Demographic Indicators

States	CBR (Crude Birth Rate) 1995	IMR (Infant Mortality Rate) 1995	Female Literacy Rate (%) 1991	Unmet Need for Family Planning (%) 1992-93	Mean age at marriage (female) 1993
Assam	29.3	77	43.03	21.7	20.9
Bihar	32.1	73	22.89	25.8	18.9
Haryana	29.9	69	40.47	16.4	18.9
Madhya Pr.	33.2	99	28.85	20.5	18.8
Orissa	27.8	103	34.68	22.4	20.0
Rajasthan	33.3	86	20.44	19.8	18.4
Uttar Pr.	34.8	86	25.31	30.1	19.3

These states with weak socio-demographic indicators account for almost half of India's population.

Sources: 1. Registrar General, India  
2. National Family Health Survey, 1992-93





# NATIONAL FAMILY WELFARE PROGRAMME

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There are a number of factors that contribute to population growth. Some of the reasons for high fertility are high infant mortality rate, low age at marriage and unmet need for contraceptives. A large proportion of the population is in the reproductive age group and their reproductive decisions contribute significantly to the population growth.

Other factors such as poor access to health facilities also impact population growth. Since a large number of family planning acceptors are in the higher age bracket, fertility has not reduced considerably. In other words, if people already have several children before accepting family planning, this does not lead to a reduction in population growth. The status of women also has a profound impact on family planning acceptance. It has been observed that a poor status of women and low female literacy contributes to high fertility. Cultural factors such as son preference, the desire for old age security and perceiving children as assets have also contributed to population growth in India.

Despite these challenges, the National Family Welfare Programme has been successful in generating almost universal awareness of family planning. A vast infrastructure comprising health workers and health facilities has been established to provide family planning information and services to couples. As a result of family planning measures, about 210 million births have been averted up to 1997. There has been a decline in the Total Fertility Rate (TFR) or the average number of children born to a woman. The TFR has dropped from 6 at the time of Independence to about 3 in 1994. The TFR for the urban population was 2.8 in 1993.





## Achievements under the Family Welfare Programme

Parameter		1951-61	1981	1991	1995
Crude Birth Rate (per 1000 pop.)		41.7	37.2	29.5	28.3
Death Rate (per 1000 pop.)		22.8	19.0	9.8	9.0
Natural Growth Rate (per 1000 pop.)		18.9	18.2	19.7	19.3
Total Fertility Rate		5.97	4.5	3.8	3.5 (1993)
Infant Mortality Rate (per 1000 live births)		146	110	80	74
Couple Protection Rate (%)		10.4 (1971)	22.8	43.5	46.5 (3/96)
Cumulative Number of Births Averted (in million)		0.04 (1971)	44.19	155.63	210 (3/97)
Life Expectancy (years)	Male	41.9	55.4	58.1	59.0
	Female	40.6 (1951-61)	55.7 (1981-85)	58.6 (1987-91)	59.7 (1989-93)

In the years to come, the Family Welfare Programme must build further on these achievements.

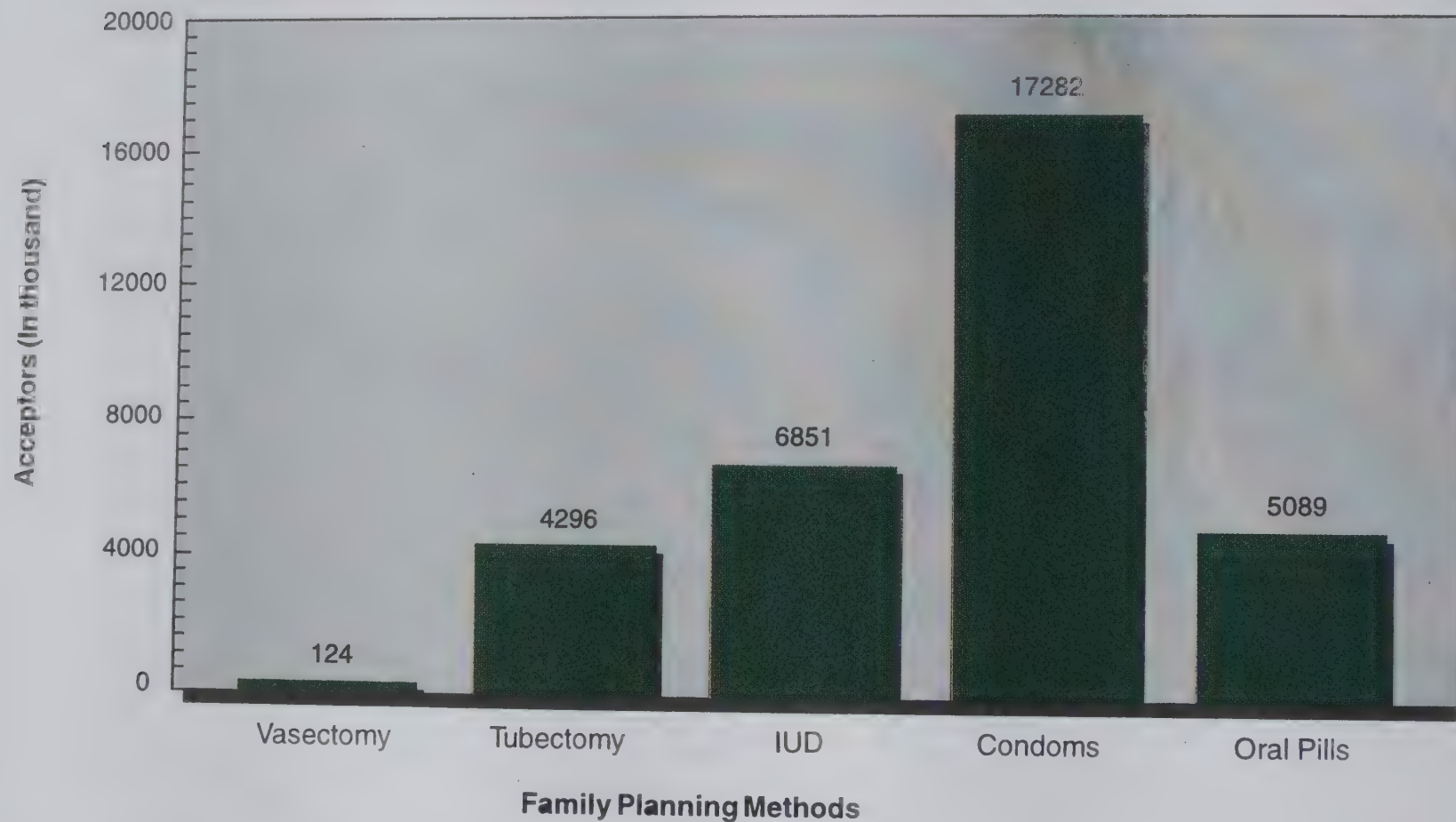
Sources: 1. Registrar General, India 2. Department of Family welfare, Government of India





## New Acceptors of Family Planning

1996



Out of 161.6 million eligible couples, 86.5 million still have to be reached by the Family Planning Programme.

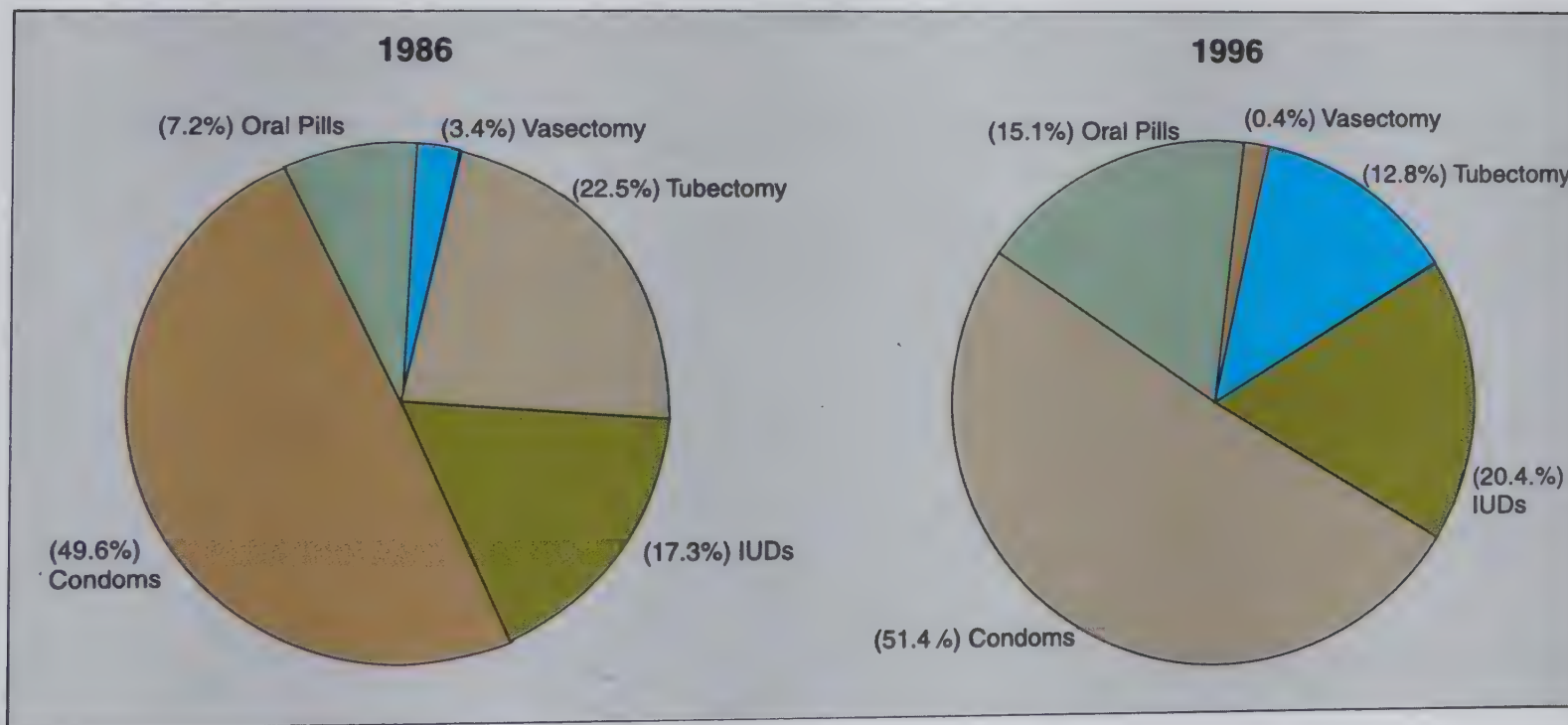
Source: Department of Family Welfare, Government of India





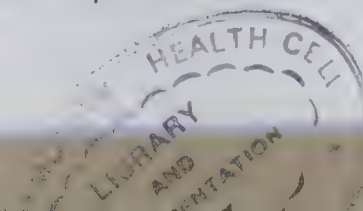
## Method Mix Among New Family Planning Acceptors

1986 and 1996



While there is a decline in permanent methods, temporary methods such as oral pills, IUDs and condoms are becoming increasingly popular.

Source: Department of Family Welfare, Government of India







### *Service Delivery Infrastructure Established*

2424 Community Health Centres. 21854 Primary Health Centres. 132730

Sub-Centres. 1562 Post Partum Centres at District and Sub-District Levels. 1291 Urban

Family Welfare Centres. 871 Urban Health Posts.

Skill upgradation of medical and para-medical personnel through: 514 ANM/MPW (f) Training

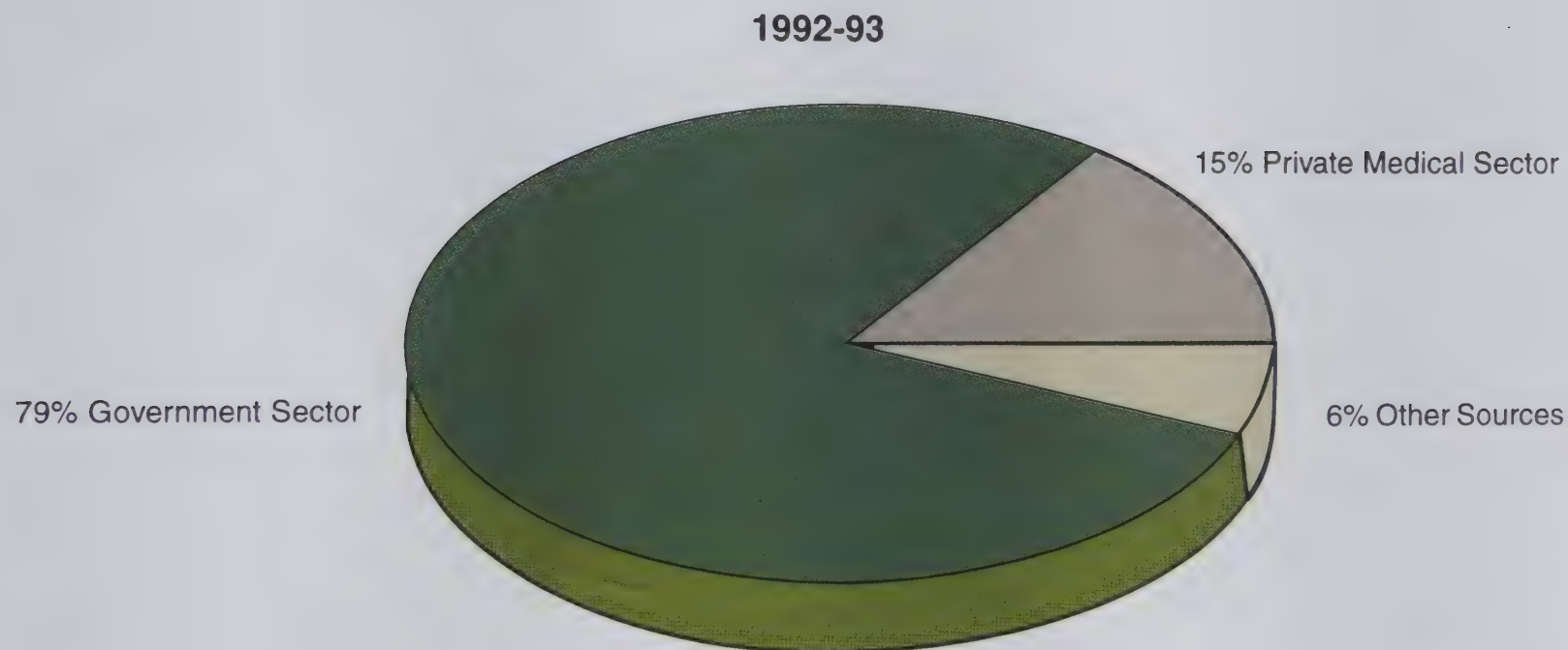
Centres. 66 MPW (m) Training Centres. 44 LHV Promotional Training Centres. 47 Health

and Family Welfare Training Centres.





## ***Sources of Family Planning Services (Among Current Acceptors)***



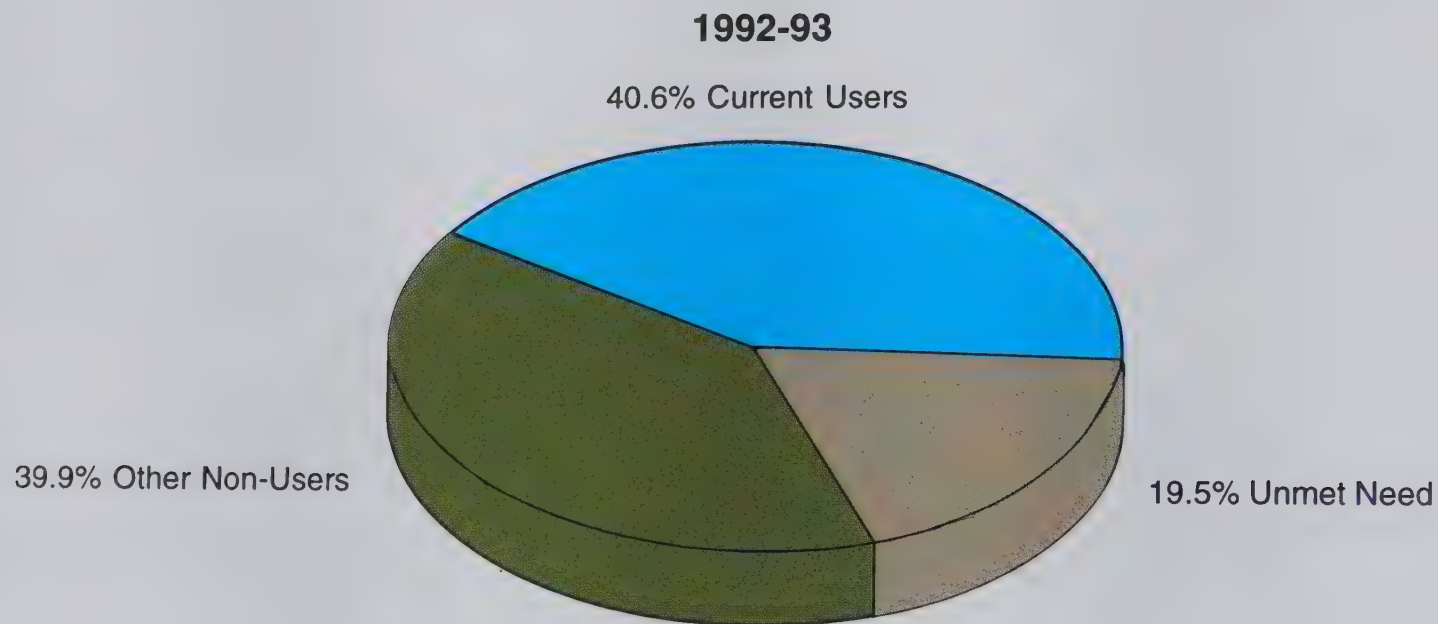
So far the government has been the main source for obtaining contraceptives. If non-governmental organisations contribute to this effort and share the responsibility, it will lead to wider coverage of the family planning programme.

Source: National Family Health Survey, 1992-93





## ***Unmet Need for Family Planning***



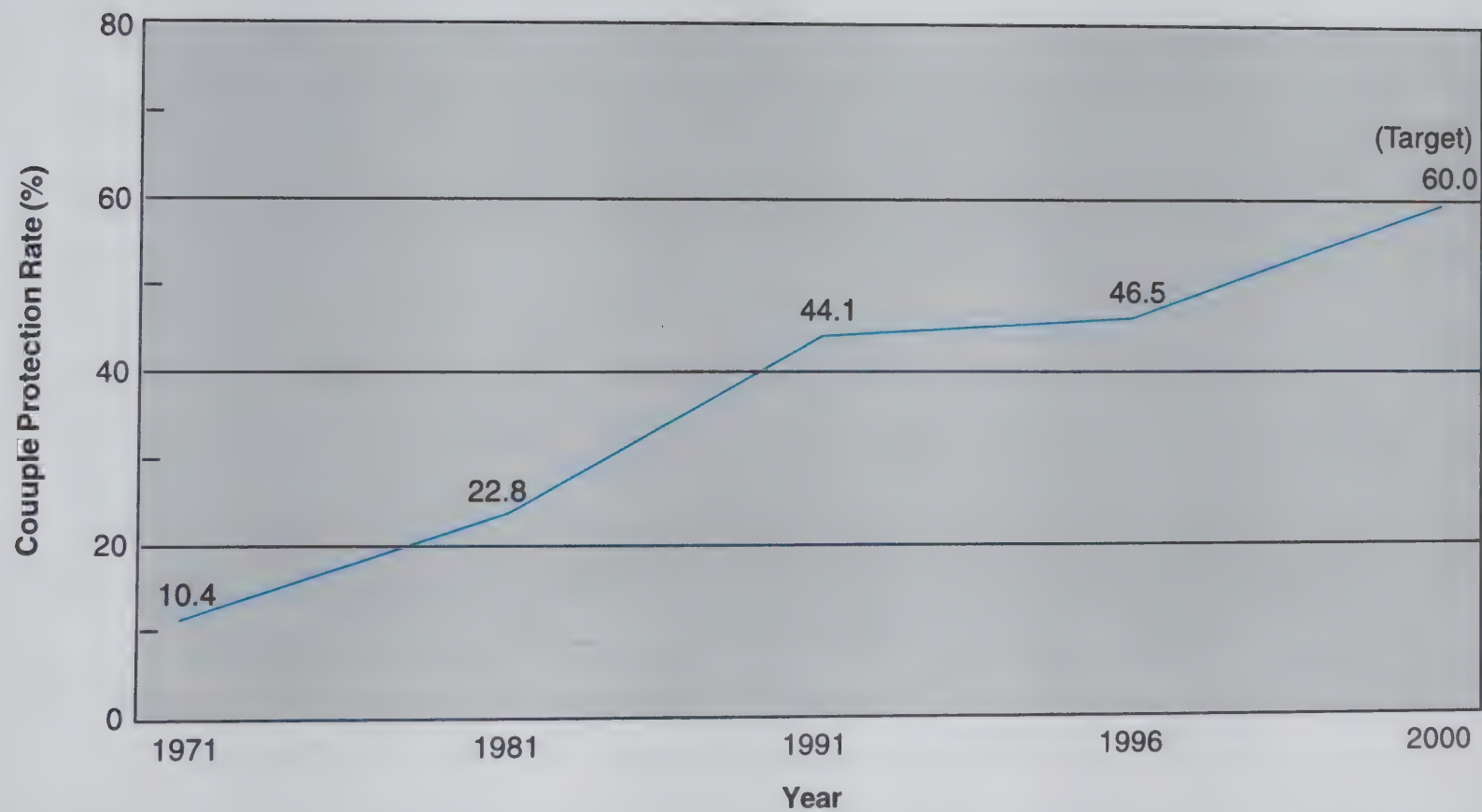
Eligible Couples who do not want any more children, or want to wait for two or more years before having another child, and yet are not using any method of contraception, are those with unmet need.

Source: National Family Health Survey, 1992-93



## Couple Protection Rate

1971-2000



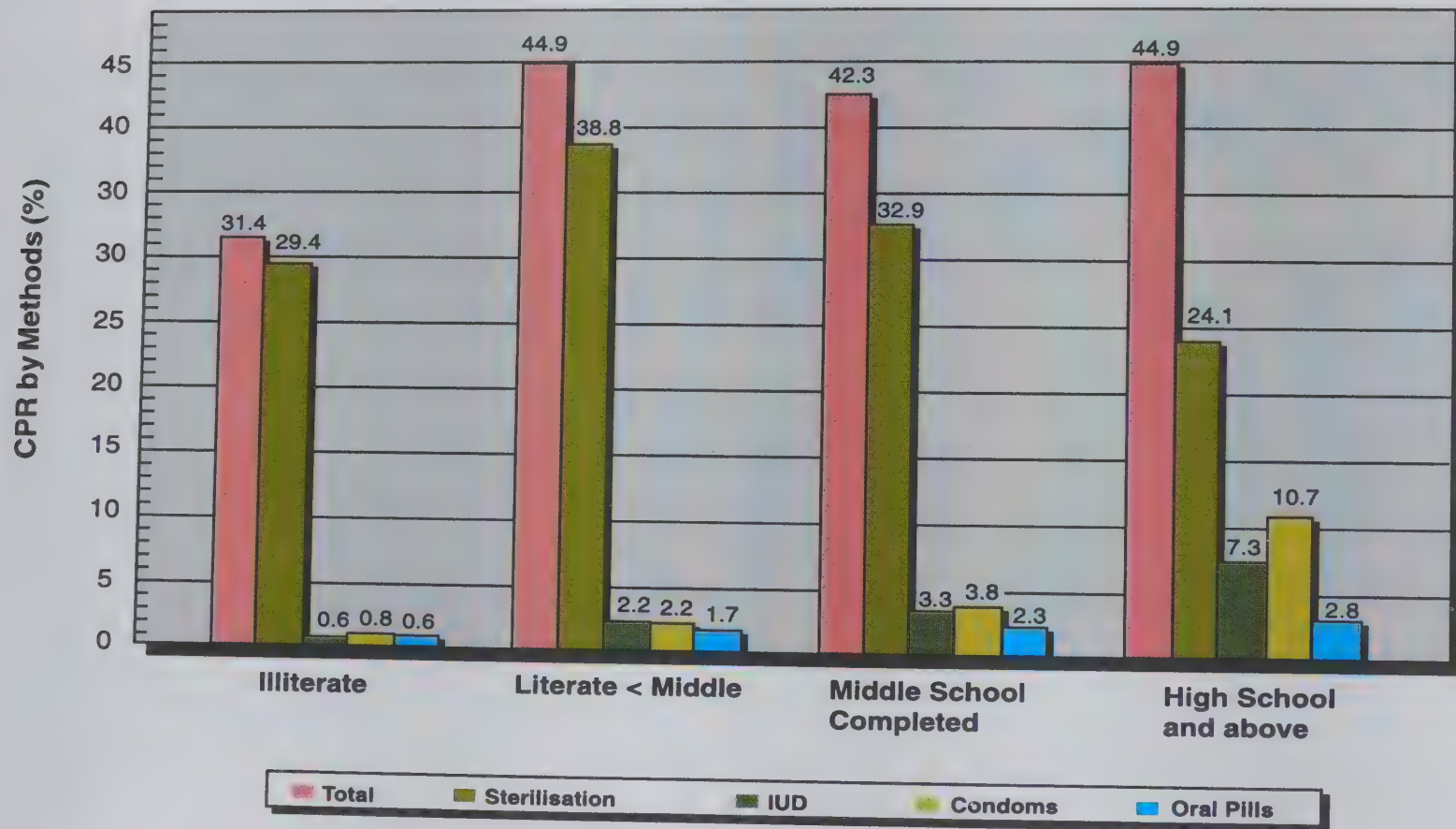
Source: Department of Family Welfare, Government of India





## Couple Protection Rate by Methods and Literacy

1992-1993



Education encourages acceptance of family planning. There is an over-dependence on sterilisation especially female sterilisation. Choice among different methods is not evenly distributed. There is a need for encouraging the use of spacing methods.

Source: National Family Health Survey, 1992-93



# MATERNAL AND CHILD HEALTH

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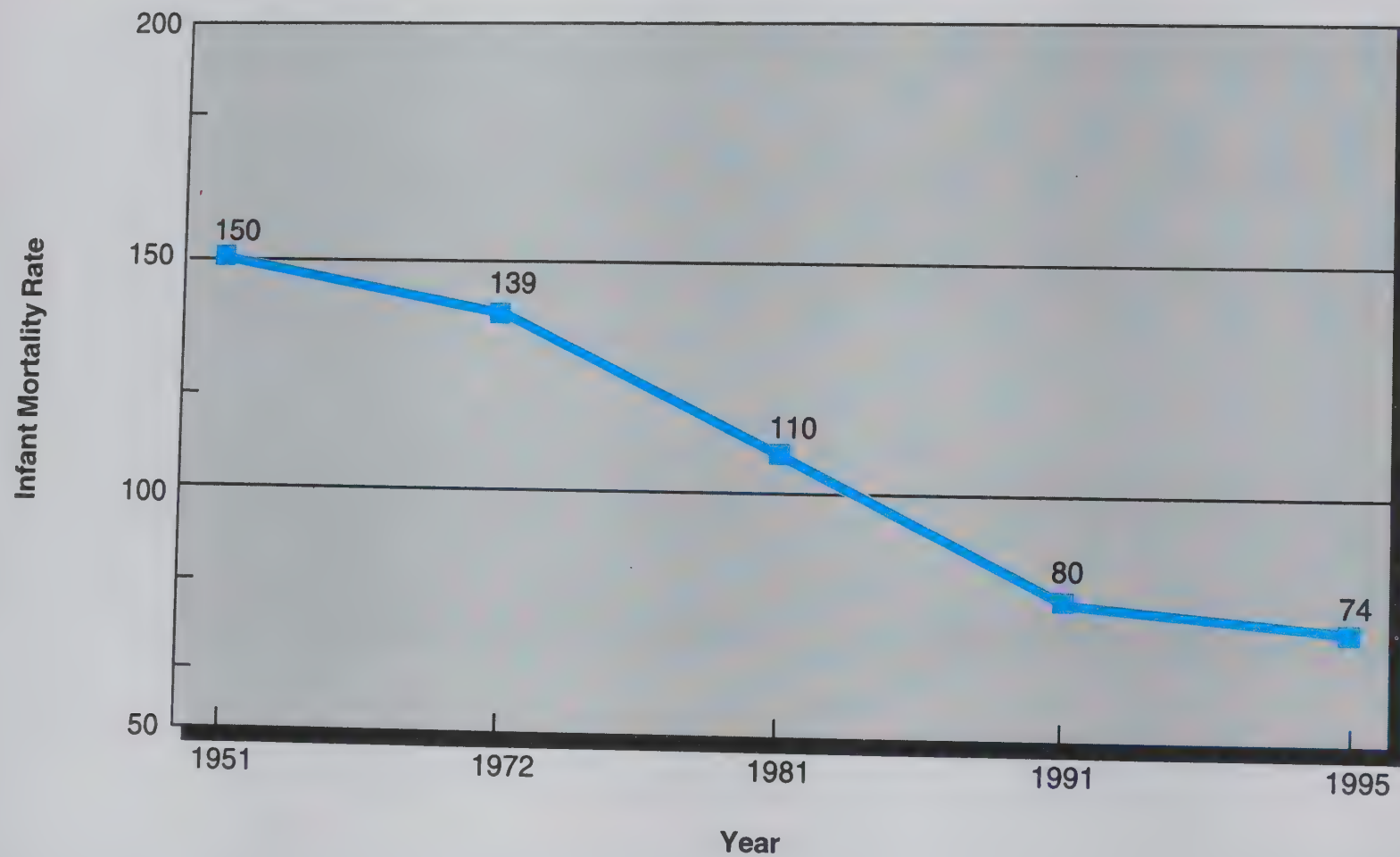
Maternal and Child Health (MCH) initiatives, which are an integral part of many health programmes, have shown positive results over the years. The decrease in infant mortality can be attributed to successful efforts such as the immunization programme. In January 1997, the pulse polio immunization coverage was 106 (as per cent of target). There has been high coverage for vaccine-preventable diseases such as diphtheria, whooping cough, tetanus, tuberculosis, poliomyelitis and measles. Challenges still remain in covering under-served areas under the immunization programme. In addition, the provision of reproductive health services to women also remains a challenge. There are still a large number of deaths due to maternity-related conditions that can be avoided with proper care.





## Infant Mortality Rate

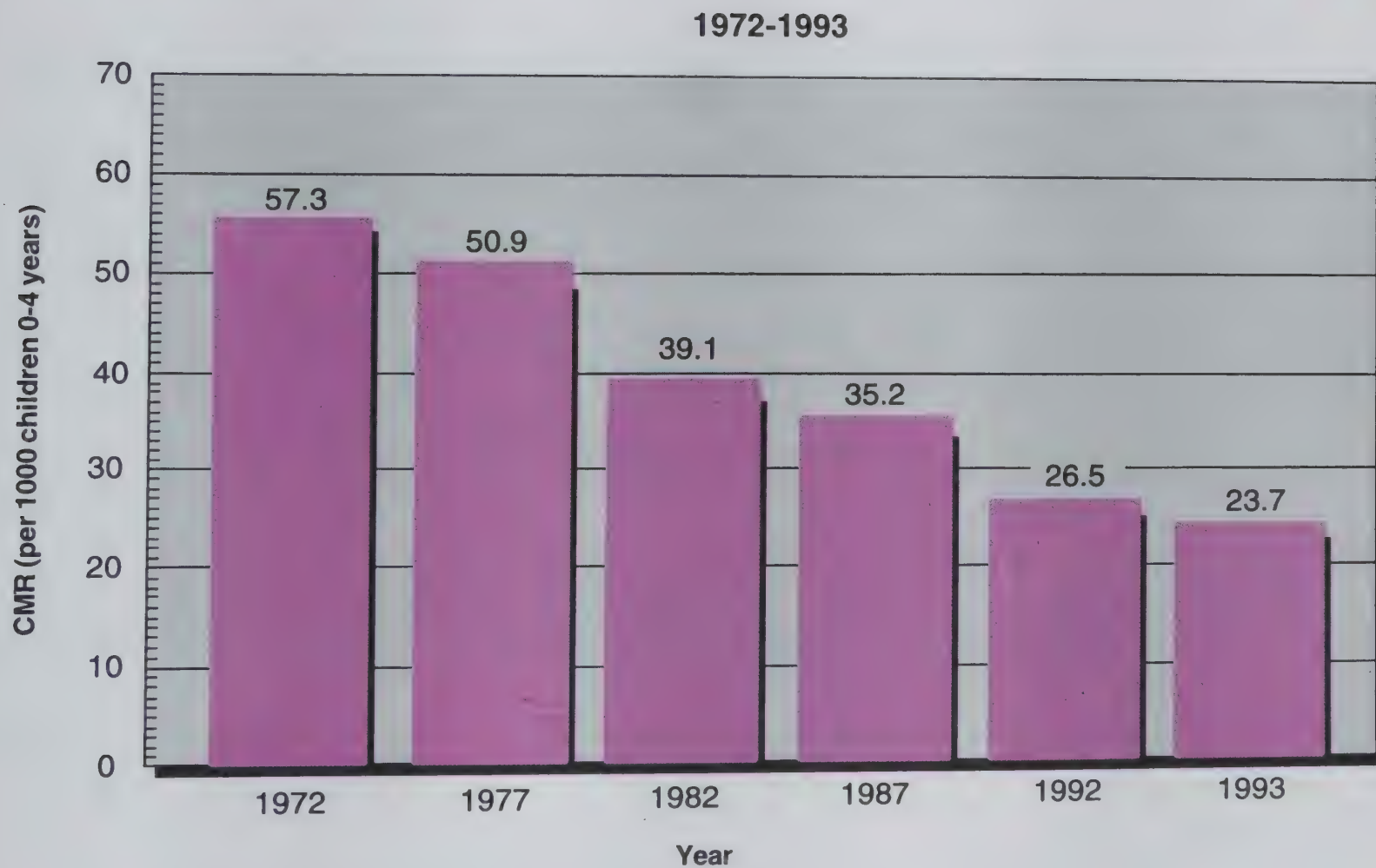
1951-1995



Source: Registrar General, India



## Child Mortality Rate

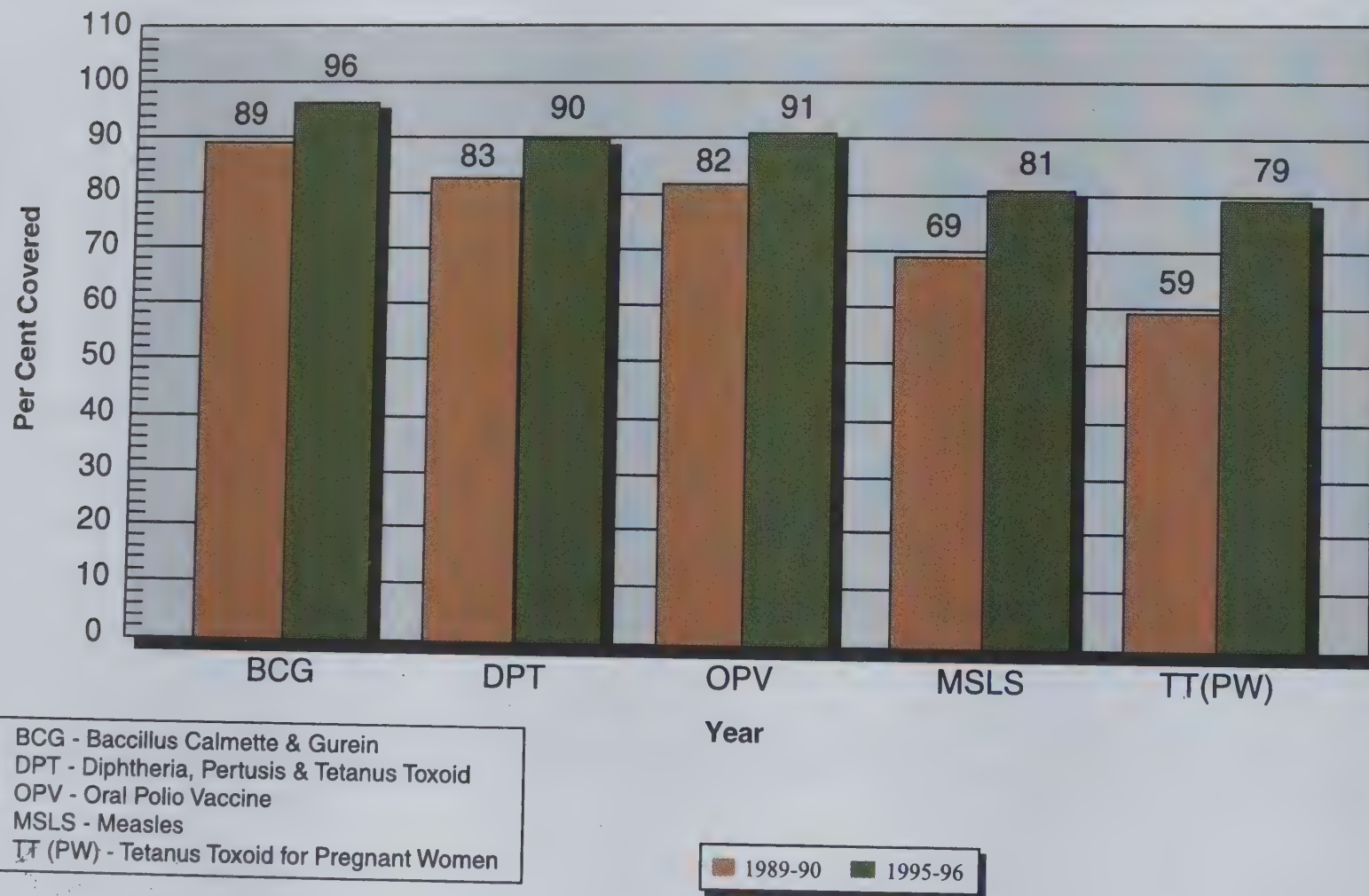


Source : Registrar General, India





## Immunization Coverage



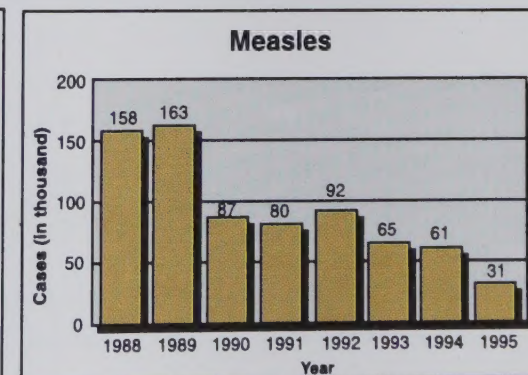
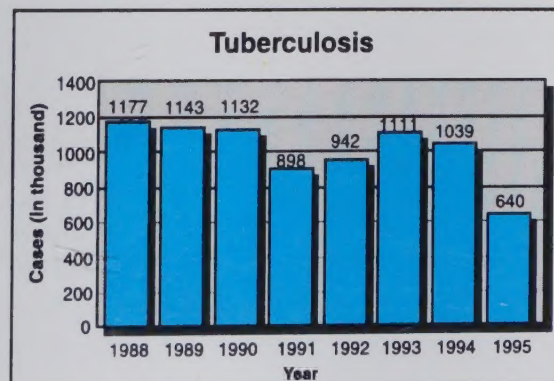
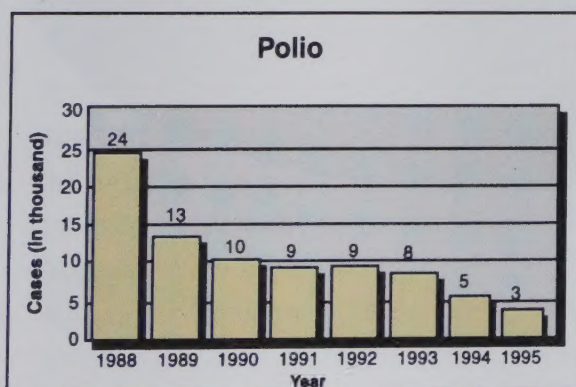
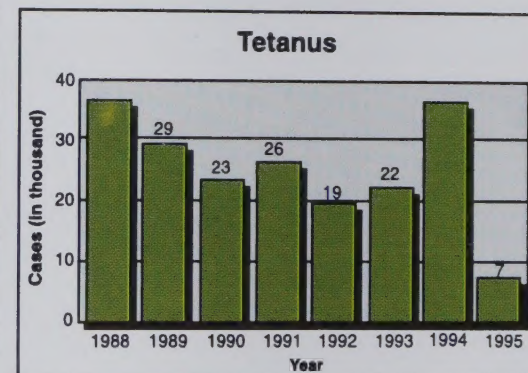
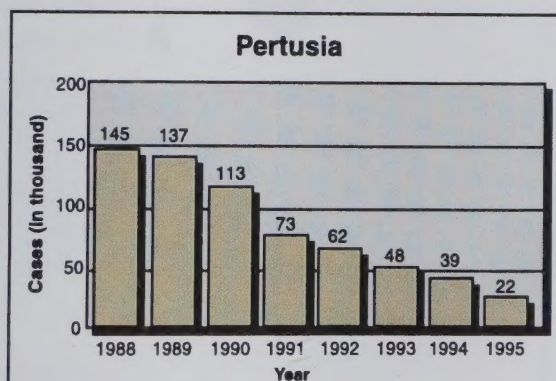
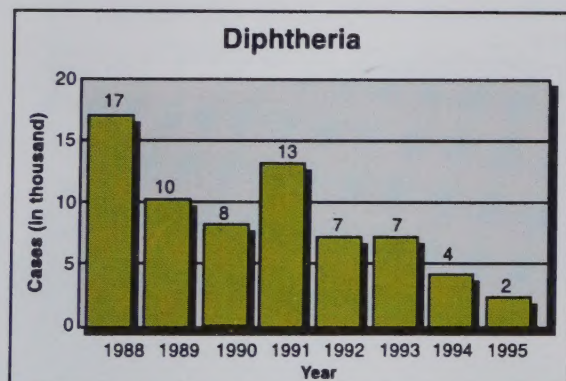
Source : Department of Family Welfare, Government of India





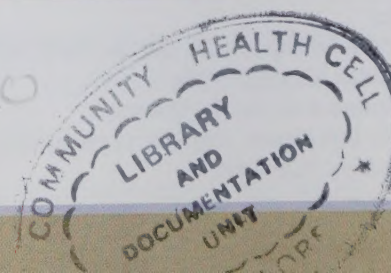
## Vaccine-Preventable Diseases

1988-1995



Source: CBHI, Directorate General of Health Services, Government of India

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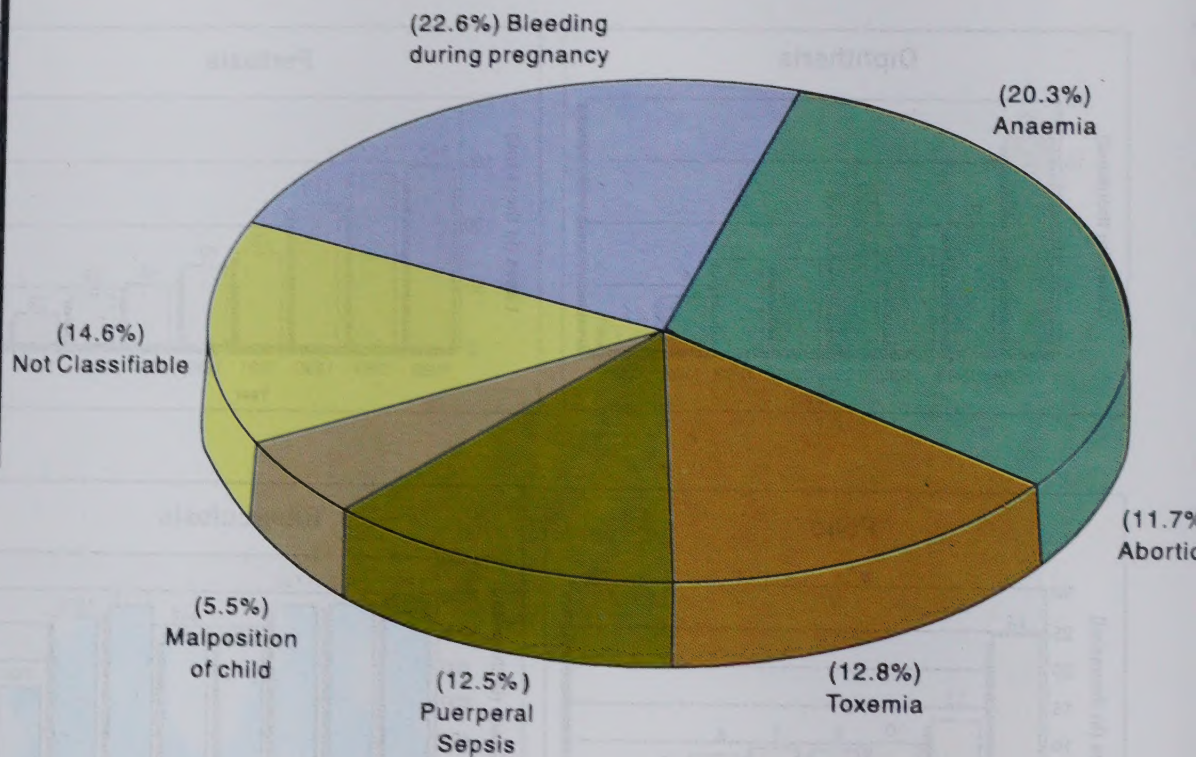




## Reproductive Health Status

Indicators	Latest Status
ANC Registration	62%
Three ANC Visits	30.7%
Deliveries	
• Institutional	24.5%
By Trained Personnel	24.3%
By Untrained Personnel	51.3%
Incidence of Anaemia	60.0%
Complicated Pregnancies	40%
Estimate of Abortion	40-60%
Incidence of RTIs and STDs	Very high... 1,141,740 cases treated in 1986

## Causes of Maternal Deaths



### Sources:

1. National Family Health Survey, 1992-93
2. Registrar General, India
3. Department of Family Welfare
4. CBHI, Directorate General of Health Services
5. Research Publications

The maternal mortality rate of 437 deaths per 100,000 live births implies that more than 100,000 women in India die every year from causes related to pregnancy and child health.

Source: Registrar General, India





### ***Some Important Points to Remember***

1. All pregnant women should have at least 3 ANC's, 2 TT's and at least 100 IFA tablets during their pregnancy. They should also eat plenty of green leafy vegetables and rest everyday.
2. All deliveries should be conducted by a trained dai or Health Worker in a clean hygienic environment. Danger signs in pregnancy like bleeding, headaches, dizziness, unusual weight gain, fever are serious and immediate medical help should be taken at the nearest referral unit.
3. At birth most babies experience extreme cold. Newborn babies should not be bathed but wiped clean and kept warm. They should be given mother's milk immediately after birth, within half an hour. Exclusive breast-feeding should continue till the child is 4-6 months old. Home available, soft, mashed food should be started between 4-6 months of age, along with breast-feeding.
4. BCG, DPT, Polio, Measles vaccinations and Vitamin A drops should be given to the baby before the age of one.
5. If a baby/child gets diarrhoea, plenty of home available fluids should be given. ORS also should be given. ORS is freely available in all sub-centres.
6. Pneumonia is another serious disease in young children. Fast breathing and chest indrawing are signs of pneumonia. In such cases, take the baby immediately to the health centre or hospital.
7. Every year extra doses of polio vaccine are given during Pulse Polio days. All babies and children upto five years should be given extra doses of polio vaccination, so that polio can be eradicated from the country.
8. All young girls and boys (adolescents) should be educated about family life and reproductive health. Young people have concerns and worries about growing up, especially around the time of puberty. Counselling and advice must be given to them patiently and their questions answered.
9. All young couples should have information and access to Family Planning Services. They should have the right to choose between temporary and permanent methods. Their problems must be attended to and counselling must be provided.
10. Many couples in the community may be suffering from sexually transmitted diseases and reproductive tract infections. They must be treated with appropriate antibiotics and given counselling. Couples should have information on HIV/AIDS and on practising safe sex and using condoms.





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